

Date:

**Nursing Assessment for:**

Information obtained by record review and interview with staff and individual:

**Living Arrangements:**

**Medical Diagnosis/ Concerns**

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**Psychological Diagnosis/ Concerns**

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**Physicians:**

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**Primary Care**

**Psychiatrist:**

**Gastroenterologist**

**Pulmonologist**

**OB/GYN**

**Dermatologist**

**Cardiologist**

**Ophthalmologist**

**Dentist**

**Endocrinologist**

**Orthopedic**

**Orthotics**

**Podiatry**

**Urology**

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**Adaptive Equipment/ Supportive Protective Devices:**

None

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Guardianship:

**Drug Allergies:**

Current Medications:

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## SYSTEM REVIEW

**SKIN:**

**RESPIRATORY**

**CARDIAC**

**UROLOGICAL**

**GASTROINTESTINAL**

**NUTRITION**

**NEUROLOGICAL**

**PSYCHIATRIC**

**ORTHOPEDIC**

**ENDOCRINOLOGY**

**GYN**

**SLEEP PATTERNS**

**PREVENTATIVE  
HEALTH**

**IMMUNIZATIONS**

**HEARING**

**EYES**

**DENTAL**

**RECOMMENDATIONS:**

1

2

3

4

5

Submitted by:

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